BACHMAN LAPOINTE

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JUN 1 1 2007

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## TELECOPIER COVER LETTER

To: USPTO

From:

William B. Slate

FAX #:

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Date:

June 11, 2007

Your Ref.: SN 10/517,802

Our Ref.:

04-646

Number of Pages including this sheet: 21

Confirmation Copy to Follow:

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XX No

## \* Comments:

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JUN 1 1 2007
PTC/SB/17 (05-07)
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Effective on 12/08/2004.				Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number	10/517,802		
FEE TRANSMITTAL				Filing Date	Decemb	mber 10, 2004	
For FY 2007				First Named Inventor	Kevin S.	Kevin S. Davies	
TALES OF THE PROPERTY OF THE P				Examiner Name	Teresa E	Teresa Bonk	
Applicant claims small entity status. Nee 37 CFR 1.27			Art Unit	3725	3725		
TOTAL AMOUNT OF PAYME		(\$)	580.00	Altomey Docket No.	04-646	04-646	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number, 02-0184 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES							
Application :	Type <u>Fe</u>		all Entity ee (\$) Fee (	Small Entity S) Fee (S) E		LEntity e (\$) Fe	es Pald (\$)
Utility	30	<del>-</del>	150 500			00	
Design	20	00 (	100 100	50 I	30	55	
Plant	20	00	100 300			30	
Reissue	30	00 1	150 500			00	
Provisional	20	00 1	100 0	0	0	0	<u> </u>
2. EXCESS CLAIM FEES Small Entity							
Fee Description Fee (\$) Fee (\$) Fach claim over 20 (including Reissues) 50 25							
Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100							
Multiple dependent claims 360 180							_
				e Paid (\$)	<u>N</u>	<u>luitiple Depender</u>	nt Claims
	20 or HP =		×25 =	300			e Pald (\$)
Indep. Claims	mber of lotal cialm <u>Extr</u>	e Claims		e Pald (\$)			180
6 -3 or HP = 1 x 100 = 100							
HP = highest number of independent claims pold for, if greater than 3, 3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 3.5 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S)  Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							
SUBMITTED BY							
Signature	n~/	MWV	·V	Registration No. 37,238 (Attorney/Agent)		Telephone 203-7	77-6628
Name (Print/Type) William B. Slate Date June 11, 2007						007	

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